

APPLICATION FOR REGISTRATION TO SUBMIT REPORTING DOCUMENTS - DA 8

Section 8 of the Customs and Excise Act, 1964 (Act No. 91 of 1964) and its rules

SEA CARGO

Application for registration as a person set 8 of the Act	ubmitting reporting do	cument	s mus	be d	one in ter	ms of rule 8.04 read with	rule 8.05 unde	r section		
b) Please note that a separate annexure mu	st be completed for e	ach rep	orter ty	/pe (s	ee rules f	or definitions and reportin	g obligations):			
DA 8.01 must be completed by Carriers / Registered Agents and Clearing Agents DA 8.02 must be completed by Part Authorities.										
 DA 8.02 must be completed by Port DA 8.03 must be completed by Con 		ators an	d Wha	rf Ope	erators					
 DA 8.04 must be completed by Con 	DA 8.04 must be completed by Container Depot Licensees									
	If the space provided on this form or the applicable annexures is insufficient, the required information must be furnished on a separate continuation page which must be attached to this form or the annexure									
d) All references to sections and rules perta	in to the Customs and	d Excise	Act, 1	964						
e) This application (inclusive of all annexures and attachments) must be completed and physically submitted to: Customs Trader Management - SARS Head Office, Block D, Ground floor, Lehae La SARS, 299 Bronkhorst Street, Nieuw Muckleneuk, Pretoria, or a customs and excise										
office as may be indicated on the SARS v					et, Meuw	Wackierleak, Fretoria, o	i a customs an	iu excise		
SARS CUSTOMS / EXCISE CLIENT NU	MBER									
If currently registered / licensed in terms of	the Act, please state	applica	ıble cu	stoms	s and/ or	· excise				
client number										
PURPOSE OF APPLICATION				_	N. 1161 1					
New registration Update	of existing information	1			Notificat	ion of cancellation		<u> </u>		
REPORTER TYPE - Please indicate with a	n X where applicable									
Carrier			Reg	istere	d Agent					
* Clearing Agent			Container Terminal Operator							
Port Authority			Container Depot Licensee							
Fort Authority		Ш	Container Depot Licensee							
Wharf Operator										
* The definition of "Clearing Agent" in the rule										
transport of goods imported into or to be expo Forwarders and Groupage Agents	orted from the Repub	olic. I his	s inclu	aes /\	ion-Vesse	of Operating Common Ca	rriers (INVOCC	rs), Freigr		
· · · · · · · · · · · · · · · · · · ·										
LOCATION OF APPLICANT										
Natural person who is:			Juristic person that is:							
· · · · · ·	——————————————————————————————————————						I., 🗆			
Located in the RSA	Yes 🔲		Loca	ated ir	n the RSA		Yes			
	No L						No L			
APPLICANT PARTICULARS (HEAD OF	-	cate with	an X	where	e applicab					
Nature of business (please indicate with X)	Company					Close corporation				
	Sole proprietor / N person	Natural				Other juristic person				

Trust

Floor

Unit/

number

Cooperative

Registration number
Physical address

Registered name of business person) or name of natural person

Building address: Complex

Building name

(juristic

Organ of state

Postal address	number Suburb/District City/Town															
Postal address																
Postal address	•															
	Suburb/ District															
	City/Town						Pos	tal Co	ode							
	Business elephone number	()					Fax	numl	ber	()					
	Home telephone number	()														
	Business e-mail address															
\	Veb Address															
CONTACT PERSON	AT MANAGEMEI	NT LEVEL						1								
Name				:	Surname	!										
ID type																
Citizenship																
Designation/ Capacity					E-mail a	ddress		()							
Telephone number ()			1	Fax num	ber		()							
SOUTH AFRICAN BA		count number:														
Mark if you do not have are using a South A	a South African bar	k account and														
Branch name:	TIOUTI BUTIK GOODUIT	or a tima party								ranch mber:						
Bank name:						Ch	eque:	ПП		vings:		<u> Т</u>	rans	l missi	on:	
Account holder name:						1			1	g						
AUTUODICED OFFIC	ED															
AUTHORISED OFFICE		an hoholf of jurio	tia paraar	۵)												
(1)		-					Capa	acity/l	Desigr	nation						
(2)								-	_							
. ,							~P*	.,.	- 3.							
being duly authorized the	ereto by virtue of –															
	passed at a meeting	of the Board of	Directors	;												
(a) * a resolution p				day o	f							ссуу_				: or
	on the _											ссуу_				_,
held	on the _			corp								ccyy_				_, -
held(b) * express cons		he members of to	the close	ie ma	oration; o	or	ny othe	er type								-, -

DOCUMENTS IN SUPPORT OF APPLICATION

- (a) Registration certificate of business as issued by the Companies and Intellectual Property Commission (CIPC) in respect of the applicant
- (b) Resolution / letter of consent or authority to act on behalf of juristic person
- (c) Identity / Passport documents of -
 - Individual
 - Close Corporation all the members
 - Company all the Directors, including the Managing Director and Financial Director
 - Other juristic person the person responsible for the management of the juristic person
- (d) DA 185D in respect of Registered Agent of carrier not located in Republic

DECLARATION BY APPLICANT OR AUTHORISED OFFICER ON BEHALF OF APPLICANT THAT IS A JURISTIC PERSON

I for the *Carrier / *Registered Agent / *Clearing Agent / *Port Authority / *Container Terminal Operator / *Wharf Operator / *Container Depot Licensee / hereby-

- a) apply to be registered for the purpose of submitting reporting documents;
- b) declare that the particulars in this application, and all annexures are true and correct; and
- c) undertake to-
 - (i) inform the South African Revenue Service promptly in accordance with the rules of any changes in the particulars furnished in the application; and
 - (ii) comply with customs and excise laws and procedures
- * Delete whichever is not applicable

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Initials and surname:	I.D. number:	
Capacity/Designation (Director, etc):	Signature:	
Place:	Date:	



CARRIER / REGISTERED AGENT OR CLEARING AGENT- DA 8.01

REPORTER TYPE (Ind	icate in the applicable	box by means of a	an X)							
Carrier			Clearing Agent							
Registered Agent										
CARRIER DETAILS										
Carrier name										
Carrier code assigned by i (i.e. Bureau International d		r Standard Carrier	· Alpha Code (SCAC), as	s applicable)						
If currently licensed with S	ARS, please state app	licable customs a	nd excise client number							
REGISTERED AGENT	DETAILS									
Agent name										
If currently registered with										
please state applicable cus			nintanad Amant					<u> </u>		
Name(s) of carriers not lo	cated in the Republic i	epresented by Re	gistered Agent					Carrie	er co	aes
1.								+		
3.										
								-		
4.										
5. 6.								-		
0.										
CLEARING AGENT DE	TAII S									
Clearing agent name										
Please state applicable cu	stoms and excise clier	nt number								
APPLICANT'S BRANC	H OFFICE ADDRE	SSES								
	offices must be reflecte									
	s that submit reports r	nust also be reflec	ted here							
BRANCH OFFICE PAR	RIICULARS									
Branch office name										
Physical address										
	Building address:			Unit/Floor						
	Complex Suburb/ District			number						
	City/Town			Street code						
Postal address	City/Town			Sireer code						
Fusial address	Suburb/ District									
	City/Town			Postal code						
Contact details	Business			Fax						
Contact details	telephone number	()		number	())				
	Business e-mail address									
	Web address									

	1		
Contact person at management level	Name		Surname
	ID type		Citizenship
	Designation / Capacity		E-mail address
	Telephone number	()	Fax ()

APPLICANT'S BRANC	H OFFICE ADDRE	SSES					
	offices must be reflected s that submit reports r		o be reflected	here			
BRANCH OFFICE PAR	RTICULARS						
Branch office name							
Physical address							
	Building Address/ Complex				Unit/Floor number		
	Suburb/District						
	City/Town				Street code		
Postal address							
	Suburb/District						
	City/Town				Postal Code		
Contact details	Business telephone number	()		Fax number	()
	Business e-mail address						
	Home telephone number				Web addres	s	
Contact person	Name				Surname		
at management level	Designation/ Capacity				E-mail addre	ess	
	ID type				Citizenship		
	Telephone number	()		Fax number	()

APPLICANT'S BRANC	H OFFICE ADDRE	SSES							
BRANCH OFFICE PAR	RTICULARS								
Branch office name									
Physical address									
	Building address/ Complex			Unit/Floor number					
	Suburb/District								
	City/Town			Street code					
Postal address									
	Suburb/District								
	City/Town			Postal code					
Contact details	Business telephone number	()		Fax number	()			
	Business e-mail address								
Contact person	Name			Surname					
at management level	Designation/ Capacity			E-mail addre	ess				
	ID type			Citizenship					
	Telephone number	()		Fax number	()			

^{*} Please add continuation pages as required

VESSEL INFORMATION

- Required in respect of all foreign-going vessels calling at ports in the Republic, owned, operated, rented or chartered by a Carrier
- 2. If the space provided is insufficient, please add continuation pages as required

_			

- * Container Vessel * General Cargo Vessel
- * RO-RO Vessel
- * Bulk Vessel
- * Crude Carrier (Tanker)
- * Liquefied Gas Carrier
- * Chemical Carrier
- * Other vessel

PORT AUTHORITY – DA 8.02



APPLICANT DETAILS	
Port authority name	

PORT PARTICULARS				
Port name				
Physical address				
	Building address: Complex		Unit/Floor number	
	Suburb/District			
	City/Town		Street code	
Postal address				
_	Suburb / District			
	City/Town		Postal code	
Contact details	Business telephone number	()	Fax ()	
	Business e-mail address			
Contact person	Name		Surname	
at management level	Designation/ Capacity		E-mail address	
	ID type		Citizenship	
	Telephone number	()	Fax ()	

PORT PARTICULARS	3			
Port name				
Physical address				
	Building address: Complex		Unit/Floor number	
	Suburb/District			
	City/Town		Street code	
Postal address			 	
	Suburb / District			
	City/Town		 Postal code	
Contact details	Business telephone number	()	Fax number	()
	Business e-mail address			
Contact person	Name		Surname	
at management level	Designation/ Capacity		E-mail addre	ess
	ID Type		Citizenship	
	Telephone number	()	Fax number	()

Port name Physical address Building address: Complex Unit/Floor number Suburb/District Street code Postal address Suburb/District City/Town Postal code Contact details Business telephone number () Business e-mail ()	
Building address:	
Complex	
Complex	
City/Town Street code	
Postal address Suburb/District City/Town Postal code Contact details Business telephone number Business e-mail	
Suburb/District City/Town Postal code Contact details Business telephone number Business e-mail	
City/Town Postal code Contact details Business telephone number Business e-mail	
Contact details Business telephone number Business e-mail Fax number ()	
telephone number () number () Business e-mail	
address	
Contact person Name Surname	
at management level Designation/ Capacity E-mail address	
ID type Citizenship	
Telephone number () Fax number ()	

PORT PARTICULARS	S			
Port name				
Physical address				
	Building address: Complex		Unit/Floor number	
	Suburb/District			
	City/Town		Street code	
Postal address				
	Suburb/District			
	City/Town		Postal code	
Contact details	Business telephone number	()	Fax number ()
	Business e-mail address			
Contact person	Name		Surname	
at management level	Designation/ Capacity		E-mail address	
	ID type		Citizenship	
	Telephone number	()	Fax number ()

^{*} Please add continuation pages as required



Container Terminal Operator and Wharf Operator – DA 8.03

REPORTER TYPE (Inc	licate in the applicat	ole box by means of	f an X)		
Container Terminal Opera	tor	W	harf Operator		
CONTAINER TERMINA	AL OPERATOR				
Company name					
CONTAINER TERMINA	AL LOCATIONS				
B + / B			Tarminal name		
Port / Place			Terminal name		
SARS facility code			Transnet port te	rminal code	
Terminal address					
reminal address	Building address:			Unit/Floor	
	Complex			number	
	Suburb/District			ı	
	City/Town			Street code	
Postal address					
	Suburb/District			D (1 1	
City/Town Contact details Business				Postal code Fax	
Contact details	telephone number	()		number	()
	Business e-mail address				
Contact person	Name			Surname	
at management level	Designation/ Capacity			E-mail addre	ss
	ID type			Citizenship	
	Telephone number	()	Fax number.		()
CONTAINER TERMINA	AL LOCATIONS				
Port / Place			Terminal name		
SARS facility code			Transnet port te	rminal code	
Terminal address					
	Building address: Complex			Unit/Floor number	
	Suburb/District				
	City/Town			Street code	
Postal address					
	Suburb/District			I	
	City/Town			Postal code	
Contact details	Business telephone number	()		Fax number	()
	Business e-mail address				
Contact person	Name			Surname	
at management level	Designation/			E-mail addre	ess

ID type			Citizenship		
Telephone number	()	Fax number	()

WHARF OPERATOR	
Company name	

WHARF LOCATIONS					
Wharf name					
SARS facility code			Transnet wharf of	code	
Wharf address		I			I
	Building address: Complex			Unit/Floor number	
	Suburb/District				
	City/Town			Street code	
Postal address					
r ostar address	Suburb/District				
	City/Town			Postal code	
Contact details	Business telephone number	()		Fax number ()
	Business e-mail address				
Contact person	Name			Surname	
at management level	Designation/ Capacity			E-mail address	
	ID type			Citizenship	
	Telephone number	()		Fax number ()

WHARF LOCATIONS				
Wharf name				
SARS facility code			Transnet wharf code	
Wharf address		'		'
	Building address: Complex		Unit/Floor number	
	Suburb/District			
	City/Town		Street code	
Postal address				
	Suburb/District			
	City/Town		Postal code	
Contact details	Business telephone number	()	Fax number	()
	Business e-mail address			
Contact person	Name		Surname	
at management level	Designation/ Capacity		E-mail addres	ss
	ID type		Citizenship	
	Telephone number	()	Fax number	()

^{*} Please add continuation pages as required

^{*} Please add continuation pages as required

Port name	Wharf number as allocated by Transnet Port Terminals (TPT)	Break Bulk	Dry Bulk	Liquid Bulk	Combination of Bulk & Break Bulk	Combination of Bulk / Break Bulk & Containerised Cargo
			$\overline{\Box}$			

^{*} Please add continuation pages as required

LICENSED CONTAINER DEPOT – DA 8.04

APPLICANT DETAIL	s
Name of company	

E L OCATIONS								_
LOCATIONS								
De	epot name		SARS facility code					
<u> </u>	-						1	
Building address:	Complex							
								_
		Stre	eet code					
Oity/ Town		- Out	201 0000					_
Suburb/District								
		Post	tal code					
-								
	r ()			()			
Business e-mai address	il							
Name		Surr	Surname					
Designation/ Capacity		E-ma	E-mail address					
ID type		Citiz	enship					
Telephone number	()	Fax		()			
								<u> </u>
LOCATIONS								
De	epot name		SARS	facility	code			
						1		
Ruilding address: Compley								
	Complex							_
		Stre	not code					
City/ TOWIT		Juc	361 COUC					_
Suburb/Dietrict								_
City/Town		Post	ADOD IST					
	Building address: Suburb/District City/Town Suburb/District City/Town Business telephone number Business e-mail address Name Designation/ Capacity ID type Telephone number TLOCATIONS Building address: Suburb/District City/Town	Building address: Complex Suburb/District City/Town Suburb/District City/Town Business telephone number Business e-mail address Name Designation/ Capacity ID type Telephone number T LOCATIONS Building address: Complex Suburb/District City/Town	Building address: Complex Suburb/District City/Town Suburb/District City/Town Post Business e-mail address Name Surr Designation/ Capacity ID type Telephone number Deport name Building address: Complex Suburb/District City/Town Surr Surr Capacity Surr Capacity Suburb/District Suburb/District Suburb/District Suburb/District Suburb/District Suburb/District	Building address: Complex Suburb/District City/Town Street code Suburb/District City/Town Postal code Business telephone number Business e-mail address Name Surname Designation/ Capacity ID type Telephone number Depot name SARS: Depot name SARS: Building address: Complex Suburb/District City/Town Street code	Building address: Complex Suburb/District City/Town Street code Suburb/District City/Town Postal code Business telephone number Business e-mail address Name Surname Designation/ Capacity ID type Telephone number Tuber of the proper suburb/District Sars facility Tuber of the proper suburb/District Sars facility Building address: Complex Suburb/District Suburb/District Suburb/District Suburb/District	Building address: Complex Suburb/District City/Town Street code Suburb/District City/Town Postal code Business telephone number Business e-mail address Name Designation/ Capacity ID type Telephone number Depot name SARS facility code SARS facility code	Building address: Complex Suburb/District City/Town Street code Suburb/District City/Town Postal code Business e-mail address Name Surname Designation/ Capacity ID type Citizenship Telephone number () Fax number () City/Town Fax number Designation/ Capacity ID type Citizenship Telephone number SARS facility code Building address: Complex Suburb/District City/Town Street code	Building address: Complex Suburts/District City/Town Street code Suburts/District City/Town Postal code Business e-mail address Name Sumame Designation/ Capacity ID type Telephone number () Fax number Citizenship Telephone number () Fax number Citizenship Telephone number SARS facility code Business e-mail address Sumame Designation/ Capacity ID type Citizenship Telephone number SARS facility code Building address: Complex Suburts/District City/Town Street code

)

)

telephone number

e-mail

Business

address

Name

ID type

Telephone number

Designation/ Capacity

* Please add continuation pages as required

Contact person

at management level

)

number

Surname

E-mail address

(

)

Citizenship

Fax

number